Full Circle Health
Family Medicine Residency of Idaho – Magic Valley

Sub-Internship Medical Student Questionnaire

(Please TYPE or print clearly – fillable PDF)

Date:	**First Name**:	**MI:**	**Last Name:**
Preferred Name	**Preferred Pronouns:**	**Email Address:**	**Phone Number:**

CURRENT Street Address (include City, State, & Zip)**:**

Hometown-City & State (where you consider yourself to be from):

Medical School Name:	**Undergraduate School Name:**
Expected Grad Date:	**Degree Received:**

Please RANK the below available rotation dates – with "1" being your top choice:

Spring B (4/28/25 - 5/23/25): ____
Spring C (5/26/25 - 6/20/25): ____
Summer A (6/30/25 - 7/25/25): ____
Summer B (7/28/25 - 8/22/25): ____
Summer C (8/25/25 - 9/19/25): ____
Autumn A (9/22/25 - 10/17/25): ____
Autumn B (10/20/25 - 11/14/25): ____
Other:_____

We offer outpatient Sub-I's with the potential for Inpatient exposure:

Outpatient Sub-I/Elec: ____

Note: all rotations are 4 weeks long

Are you pursuing a residency in Family Medicine?

Are you interested in applying for residency at Full Circle Health Family Medicine Residency of Idaho - Magic Valley?

If so, why?

Do you identify with any underrepresented identity in medicine (race, gender, ability, etc.)?

Do you have any Connections to Idaho and/or rural communities?

Describe your ideal spectrum of practice (inpatient, outpatient, ER, pediatrics, OB, etc.) and any other career plans/goals:

Activities or experiences that demonstrate your commitment to the underserved:
What languages do you speak and at what level of fluency?
Have you had any areas of academic difficulty, and how have you addressed those challenges?
Goals and interests outside of medicine:
Anything Else You Would like to Add?

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Please note that your own transportation is needed for this rotation. Housing may be available upon request.

Thank you for taking the time to complete this questionnaire. Your response will help us to assure a good fit with our program. If you have any questions please reach out to Cherri Bingham, Residency Program Coordinator using the information below.

Please return all items to address/email below:
1. Questionnaire
2. Unofficial USMLE or COMLEX Step/Level 1 scores
3. Unofficial Medical School Transcripts

Full Circle Health Family Medicine Residency of Idaho Magic Valley
Attn: Cherri Bingham, Residency Program Coordinator
132 W. 5th Ave. Ste. 1
Jerome, ID 83338
Email: binghacl@slhs.org
Phone: 208.814.9855